

File

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 0 0 7

2. STATE:

MA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID) Title XIX

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

April 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY \_\_\_\_\_ \$ \_\_\_\_\_  
b. FFY \_\_\_\_\_ \$ \_\_\_\_\_

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 2.6-A

and

Page 5a to Attachment 2.6-A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

SAME

10. SUBJECT OF AMENDMENT:

Massachusetts Medicaid Income Eligibility Levels

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒

OTHER, AS SPECIFIED:

Not required under 42 CFR 430.12(b)(2)(i)

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Wendy E. Warring

14. TITLE:

Commissioner

15. DATE SUBMITTED:

June 29, 2001

16. RETURN TO:

Bridget Landers  
Coordinator for State Plan  
Division of Medical Assistance  
600 Washington Street  
Boston, MA 02111

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

June 29, 2001

18. DATE APPROVED:

August 2, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

April 1, 2001

21. TYPED NAME:

Ronald Preston

20. SIGNATURE OF REGIONAL OFFICIAL:

Margaret Leone for R. Preston  
22. TITLE: Associate Regional Administrator  
Division of Medicaid and State Operations

23. REMARKS:

State: Massachusetts

Citation	Condition or Requirement
<u>X *</u>	Amount for Maintenance of home is: \$ <u>(100% of the federal-poverty-level for a single person)</u>
<u>          </u>	Amount for maintenance of home is the actual maintenance costs not to exceed \$ <u>          </u> .
<u>          </u>	Amount for maintenance of home is deductible when countable income is determined under § 1924 (d)(1) of the Act only if the individual's home and the community spouse's home are different.
<u>X</u>	Amount for maintenance of home is not deductible when countable income is determined under § 1924 (d)(1) of the Act.

\* A deduction for maintenance of a home is allowed when a physician certifies in writing that a single individual, with no eligible dependents in the home, is likely to return home within six months from the month of admission. This income deduction terminates at the end of the sixth month following the month of admission regardless of the prognosis to return home at that time. The amount to be deducted shall be the federal-poverty-level income standard for one person.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Massachusetts  
Income Eligibility Levels

### A. MANDATORY CATEGORICALLY NEEDY

1. **AFDC-related groups** other than poverty level pregnant women and infants:

FAMILY SIZE	MONTHLY PAYMENT STANDARDS
1.	\$ 392.00
2.	\$ 486.00
3.	\$ 579.00
4.	\$ 668.00
5.	\$ 760.00
6.	\$ 854.00
7.	\$ 946.00
8.	\$1037.00
9.	\$1128.00
10.	\$1220.00
Each Additional	\$ 95.00

2. **Pregnant Women and Infants** Under Section 1902(a)(10)(i)(IV) of the Act:  
Effective April 1, 1990, based on the following percent of the official Federal  
income poverty guidelines: 185 percent.

FAMILY SIZE	MONTHLY INCOME STANDARD *
1.	* Amounts are in Chapter 2 of the Commonwealth's protocol document under its approved Section 1115 demonstration project.
2.	
3.	
4.	
5.	
6.	
7.	
8.	
Each Additional	

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Massachusetts  
Income Eligibility Levels

3. In accordance with Section 1902(a)(10)(A)(i)(V) of the Act and 42 U.S.C. §1396a (a)(10)(A)(i)(V): **Children who have attained age 1 but have not attained age 6**, whose family income is at or below **133 percent** of the Federal poverty level guidelines, as revised annually in the Federal Register.

FAMILY SIZE	MONTHLY INCOME STANDARD *
1.	* Amounts are in Chapter 2 of the Commonwealth's protocol document under its approved Section 1115 demonstration project.
2.	
3.	
4.	
5.	
6.	
7.	
8.	
Each Additional	

4. In accordance with Section 1902(a)(10)(A)(i)(VII) of the Act and 42 U.S.C. §1396a (a)(10)(A)(i)(VII): **Children born after September 30, 1983 who have attained age 6 but have not attained age 19**, in families with incomes at or below **100 percent** the Federal poverty level guidelines, as revised annually in the Federal Register.

FAMILY SIZE	MONTHLY INCOME STANDARD *
1.	* Amounts are in Chapter 2 of the Commonwealth's protocol document under its approved Section 1115 demonstration project.
2.	
3.	
4.	
5.	
6.	
7.	
8.	
Each Additional	

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State: Massachusetts  
Income Eligibility Levels

**B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL**

**1. Pregnant Women and Infants**

The levels for determining income eligibility for optional groups of pregnant woman and infants under the provisions of Sections 1902(a)(1)(A)(ii)(IX) and 1902(1)(2) the Act are as follows:

Based on **185 percent** of the Federal income poverty level (no less than 133 percent and no more than 185 percent).

FAMILY SIZE	MONTHLY INCOME STANDARD *
1.	* Amounts are in Chapter 2 of the Commonwealth's protocol document under its approved Section 1115 demonstration project.
2.	
3.	
4.	
5.	
6.	
7.	
8.	
Each Additional	

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State: Massachusetts  
Income Eligibility Levels

**B. MANDATORY CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL MANDATED EFFECTIVE JULY 1, 1991**

2. **Children Between Ages 6 and 19 Born After September 30, 1983** described on page 5 of Attachment 2.2A group 12a.

Based on **100 percent** (no less than 100 percent) of official Federal income poverty line.

FAMILY SIZE	MONTHLY INCOME STANDARD *
1.	* Amounts are in Chapter 2 of the Commonwealth's protocol document under its approved Section 1115 demonstration project.
2.	
3.	
4.	
5.	
6.	
7.	
8.	
Each Additional	

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**State: Massachusetts  
Income Eligibility Levels**D. INCOME ELIGIBILITY LEVEL - MANDATORY GROUP OF QUALIFIED DISABLED AND WORKING INDIVIDUALS**

2. In accordance with Section 1905(s)(2) of the Act and 42 U.S.C. §1396d (s)(2): **Qualified Disabled Working Individuals**, individuals eligible for payment of Part B Medicare premiums, with income at or below **200 percent** of the Federal poverty guidelines, as revised annually in the Federal Register.

FAMILY SIZE	MONTHLY INCOME STANDARD
1.	\$ 1432
2.	\$ 1935
3.	\$ 2439
4.	\$ 2942
5.	\$ 3445
6.	\$ 3949
7.	\$ 4452
8.	\$ 4956
Each Additional	\$ 504

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State: Massachusetts  
Income Eligibility Levels

**3. Aged and Disabled Individuals**

1. In accordance with Section 1902(m)(4) of the Act and 42 U.S.C. §1392a(m)(4):  
**Aged or disabled individuals** who have income at or below **100 percent** of the Federal poverty guidelines, as revised annually in the Federal Register.

FAMILY SIZE	MONTHLY INCOME STANDARD
1.	\$ 716
2.	\$ 968
3.	\$ 1220
4.	\$ 1471
5.	\$ 1723
6.	\$ 1975
7.	\$ 2226
8.	\$ 2478
Each Additional	\$ 252

For persons receiving Title II benefits:

- Any amount attributable to the most recent increase in the monthly insurance benefit, as a result of title II COLA is not counted as income during the transition period. The transition period begins in January, when the title II benefits for December are received and ends on the last day of the month following the month of publication of the revised annual Federal poverty level guidelines

- The revised poverty level guidelines are effective on the first day of the month following the end of the transition period

For persons not receiving title II benefits:

- The revised poverty level guidelines are effective no later than the beginning of the month following the date of publication.



**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State: Massachusetts  
Income Eligibility Levels

**C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL**

The levels for determining income eligibility for groups of **Qualified Medicare Beneficiaries** under the provisions of section 1905(p)(2)(A) of the Act are as follows:

1. NON-SECTION 1902(f) STATES

a. Effective January 1, 1990, based on the following percent of the official Federal income poverty guidelines: 100 percent.

FAMILY SIZE	MONTHLY INCOME STANDARD
1.	\$ 716
2.	\$ 968